PRINTED: 12/13/2024 FORM APPROVED

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL049004 11/21/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3134 HARMONY HIGHWAY **ROSEWOOD ASSISTED LIVING** HARMONY, NC 28634 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Tod Hancock, conducted on November 21, 2024. Records indicate this facility was first licensed on October 1, 1964, as a Home for the Aged serving Fifty-Four (54) Resident Beds. Based on this information, this facility is required to meet the 1971 Minimum and Desired Standards and Regulations for the Licensing of Homes for the Aged and Infirm, and the applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds. Deficiencies were cited that require a Plan of Correction. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility is not maintaining the electrical components in a safe condition. Findings on November 21, 2024: a. Breezeway-Smoking Area- There are exposed conductors at the light fixture box. b. Right Rear Exit Foyer- The fluorescent light is

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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staff.

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3134 HARMONY HIGHWAY HARMONY, NC 28634 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) C 189 C	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
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